



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

Canc: Aug 2013
IN REPLY REFER TO
BUMEDNOTE 1520
BUMED-M00C2
3 Aug 2012

BUMED NOTICE 1520

From: Chief, Bureau of Medicine and Surgery

Subj: APPLICATION INSTRUCTIONS FOR ADVANCED EDUCATION IN GENERAL DENTISTRY AND GENERAL PRACTICE RESIDENCY PROGRAMS

Ref: (a) COMNAVCRUITCOMINST 1131.2E
(b) Program Authorization 119
(c) OPNAVINST 1120.5A
(d) SECNAV Manual 5210.1 of Jan 2012

Encl: (1) Navy Post Graduate Year One Programs Contact List
(2) Applicant Biography for Graduating Senior Dental Students
(3) Acknowledgement Sheet for BUMED Notice 1520
(4) Licensing and National Board Statement of Understanding
(5) Dental School Proficiency Sheet
(6) Dental School Evaluation
(7) Applicant Appraisal

1. Purpose. To announce application procedures for Navy sponsored Post Graduate Year One (PGY-1) Advanced Education in General Dentistry (AEGD) and General Practice Residency (GPR) Programs. References (a) through (c) provide further guidance.

2. Cancellation. NAVMEDMPT&ENOTE 1524 of June 2011.

3. Scope. Graduating senior dental school students.

4. Background. All graduating dental students are strongly encouraged to apply for PGY-1 training to enhance their basic dental skills and improve their ability to deliver primary dental care.

5. Program Description

a. AEGD. This clinic based, 1-year residency focuses on the skills of general dentistry, the foundation of dental practice, and central to the concept of providing comprehensive patient care. Training enhances the dental officer's competence and confidence in the clinical skills and advanced judgments required for diagnosis, disease control, treatment planning and execution, and assessment of post treatment outcomes in a general dentistry practice. The following Web site provides additional information on the AEGD Program:

<http://www.med.navy.mil/sites/navmedmpte/npds/aegd/Pages/default.aspx>.

b. GPR. This hospital based, 1-year residency provides a year of intensive, broad-based training in all dental specialties, including exposure and familiarization with trauma, medical emergencies, and the treatment of medically compromised patients. Its goal is to provide the operational forces with a well-rounded, confident general dentist who can function well in an independent duty situation. The following Web site provides additional information on the GPR Program:

<http://www.med.navy.mil/sites/navmedmpte/nps/Pages/GeneralPracticeResidency.aspx>.

c. Points of Contact. Enclosure (1) contains points of contact information for the Navy's AEGD and GPR programs. Questions about specific training programs should be addressed to the identified program directors.

6. Application Process

a. All senior dental students will complete the NAVMED 1520/23, Applicant Biography for Graduating Senior Dental Students (enclosure (2)) and the NAVMED 1520/24, Acknowledgement Sheet (enclosure (3)). These forms serve as official notification of intent or lack of intent to apply for PGY-1 training and receipt of BUMEDNOTE 1520. The NAVMED 1520/25, Licensing and National Board Statement of Understanding (enclosure (4)), must be signed and dated. Return enclosures (2) through (4) to Ms. Lydia Sampson. Scan and e-mail to Lydia.Sampson@med.navy.mil.

b. Students applying for an AEGD or GPR program must have the NAVMED 1520/26, Dental School Proficiency Sheet, (enclosure (5)) and the NAVMED 1520/27, Dental School Evaluation (enclosure (6)), completed by the Dean's Office at their School of Dentistry. Three NAVMED 1520/28, Applicant Appraisals (enclosure (7)), completed by different dental school faculty members, must accompany the application. A current official transcript must be obtained and sent with the above documents to Ms. Lydia Sampson at the address below. Documents must be received no later than 1 October 2012 to be eligible for the Selection Board. Expenses for transcripts and mailing are the responsibility of the student. For planning purposes, sending application materials via the United States Postal Service can take 3 weeks or longer to reach Ms. Sampson. It is recommended that applicants send their application materials via FEDEX, which requires only 2-3 days for delivery and can be easily tracked. Note that the cost of using FEDEX is not a reimbursable expense for Health Professions Scholarship Program participants.

Ms. Lydia Sampson
13th Floor, Building 1, Room 13125
8901 Wisconsin Avenue
Bethesda, MD 20889

c. Specific questions regarding the application process should be directed to Ms. Lydia Sampson at (301) 295-1594 or lydia.sampson@med.navy.mil.

- d. Specific questions about the AEGD/GPR programs should be directed to the following:

CAPT Carol Barone-Smith
AEGD/GPR Specialty Leader
carol.barone-smith@jtfgtmo.southcom.mil
Telephone: (757) 953-2733

CDR Andy Avillo
AEGD/GPR Assistant Specialty Leader
andrew.avillo@med.navy.mil
Telephone: (619) 532-8619

CAPT David Hartzell
Dental Corps Career Planner
david.h.hartzell@med.navy.mil
Telephone: (703) 681-8919

7. Records Management. Records created as a result of this notice, regardless of media and format, shall be managed per reference (d).

8. Forms. The following NAVMED forms are available from the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>; local reproduction is authorized.

- a. NAVMED 1520/23 (7-2012), Applicant Biography for Graduating Senior Dental Students.
- b. NAVMED 1520/24 (7-2012), Acknowledgement Sheet for BUMED Notice 1520.
- c. NAVMED 1520/25 (7-2012), Licensing and National Board Statement of Understanding.
- d. NAVMED 1520/26 (7-2012), Dental School Proficiency Sheet.
- e. NAVMED 1520/27 (7-2012), Dental School Evaluation.
- f. NAVMED 1520/28 (7-2012), Applicant Appraisal.



M. H. MITTELMAN
Deputy Chief

Distribution is electronic only via the Navy Medicine Site at:
<http://www.med.navy.mil/directives/Pages/default.aspx>

NAVY POST GRADUATE YEAR ONE PROGRAMS CONTACT LIST

PGY-1 Specialty Leader:

CAPT Carol Barone-Smith: carole.barone-smith@jtfgtmo.southcom.mil (until February 2013).
After February 2013: carole.barone-smith@med.navy.mil

Assistant PGY-1 Specialty Leader:

CDR Andrew Avillo: andrew.avillo@med.navy.mil

Locations and Points of Contact for AEGD Programs

<u>Program</u>	<u>Director</u>	<u>Telephone</u>	<u>E-mail Address</u>
Bethesda	LCDR Rudmann	(301) 295-0145	michael.rudmann@med.navy.mil
Camp Pendleton	CAPT O'Loughlin	(760) 725-5578	paul.o'loughlin@med.navy.mil
Camp LeJeune	CAPT Russell LT Rogers	(901) 451-1658 Ext 213	david.russell@med.navy.mil justin.rogers@med.navy.mil
Great Lakes	LCDR Franzke	(847) 688-3331	joseph.franzke@med.navy.mil
Norfolk	CDR Adcook	(757) 953-8608	richard.adcook@med.navy.mil
San Diego	LCDR Sterlitz	(619) 556-8229	stephen.sterlitz@med.navy.mil

Locations and Points of Contact for GPR Programs

<u>Program</u>	<u>Director</u>	<u>Telephone</u>	<u>E-mail Address</u>
Bethesda	LCDR Yune	(301) 295-2540	stephen.yune@med.navy.mil
Camp Pendleton	CAPT Tanaka LCDR Bryer	(760) 725-1202	marta.tanaka@med.navy.mil amy.bryer@med.navy.mil
Portsmouth	CAPT Barone-Smith CAPT Graziani	(757) 953-2733 (757) 953-8526	carol.barone-smith@med.navy.mil jorge.graziani@med.navy.mil
San Diego	CDR Avillo	(619) 532-8619	andrew.avillo@med.navy.mil

APPLICANT BIOGRAPHY FOR GRADUATING SENIOR DENTAL STUDENTS

Name: _____
Last First Middle

Dental School Attended: _____

I. Check ONLY ONE of the following choices:

_____ I am applying to a General Practice Residency program only.

_____ I am applying to an Advanced Education in General Dentistry program only.

_____ I will accept assignment to EITHER an AEGD or GPR; but if given the option, my
choice would be: _____ AEGD _____ GPR (check one)

_____ I will accept assignment to EITHER an AEGD or GPR. I have no preference.

_____ I do not desire to attend an AEGD or GPR program. I want an assignment to a
credentialing tour directly from dental school.

II. Applicant Information

a. Accession Program (circle one): HPSP HSCP 1925i DA

b. Home Phone: (____) _____

c. Cell Phone: (____) _____

d. Address: _____

e. E-mail: _____

**III. Provide a statement regarding your desire to attend a APR or AEGD program. If
additional space is needed, attach separate sheets.**

1. _____
2. _____
3. _____
4. _____
5. _____

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ACKNOWLEDGMENT SHEET FOR BUMED NOTICE 1520

Name: _____

Last

First

Middle

Telephone Number: (____) _____

E-Mail Address: _____

Dental School: _____

What degree will you be awarded when you graduate? ____ DDS ____ DMD (check one)

Do you have an Advanced Degree? ____ Yes ____ No. If yes, note degree and year(s).

Officer Development School (ODS):

- a. ____ YES, I have completed ODS. Class Date: _____
- b. ____ NO, I have not completed ODS.
- c. ____ I do not require ODS as I have prior Navy commissioned service, I attended the Naval Academy, or I participated in NROTC. Explain below.

Name, telephone number and relationship of person (spouse, parent, friend) who can always locate me: _____

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As a member of the HPSP/HSCP/1925i programs, you must adhere to the Navy's Physical Fitness and Weight Standards.

Change in Medical Condition:

- a. HPSP and 1925i Program Participants: If you have acquired a new medical condition not previously noted on your recruiting physical, contact the Accessions Office as soon as possible. Some medical conditions are considered disqualifying for active duty service and may require an evaluation and/or a waiver to come on active duty. This process can take weeks to months, and informing the Accessions Office late in your senior year may delay your orders.
- b. HSCP Program Participants: If you have acquired a new medical condition not previously noted on your recruiting physical, contact your Program Manager, Ms. Carrie Dean, Navy Recruiting Command, at Carrie.Dean@navy.mil or at (901) 874-9457 as soon as possible. Some medical conditions are considered disqualifying for commissioning and may require an evaluation and/or a waiver. This process can take weeks to months, and informing your Program Manager late in your senior year may delay your orders.

Change in Graduation Date: If there are any changes to your graduation date or academic standing let the Accessions Office (HPSP and 1925i participants) or Ms. Carrie Dean (HSCP participants) know as soon as possible.

I acknowledge receipt of Bureau of Medicine and Surgery (BUMED) Notice 1520, "Instructions for Application to Advanced Education in General Dentistry and General Practice Residency Programs."

Signed By: _____ Date: _____

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LICENSING AND NATIONAL BOARD STATEMENT OF UNDERSTANDING

I understand I am obligated to take and pass Parts I and II of the National Board of Dental Examinations (NBDE) prior to appointment on active duty (HPSP/1925i) or commissioning (HSCP). This is true even if my Dental School does not require me to pass the NBDE I and II in order to graduate.

Additionally, I must acquire a valid, unrestricted State license as soon as possible after reporting to active duty. There are two avenues I may use to accomplish this requirement: First, I may challenge a regional or State dental board examination to acquire a license. If I choose this route to acquire my license, I have 12 months from the time I come on active duty to present my license to my credentialing authority as proof that I have successfully met this requirement. Second, I may choose to attend an AEGD or GPR program in lieu of taking a board exam to acquire a license. If I choose this route to acquire my license, I have 18 months from the time I come on active duty to present my license to my credentialing authority as proof that I have met this requirement.

I understand that until I possess a valid, unrestricted state license, I am not eligible for the \$20,000/year (\$1,666/month) Incentive Pay. Therefore, it would be beneficial to obtain licensure by board examination if I want to expedite eligibility for Incentive Pay.

I plan to obtain State licensure by: _____ Licensing Exam OR
(check one)
_____ Licensing by AEGD/GPR Residency

I plan to obtain State licensure in the following state:

I further understand that failure to comply with any of the requirements above may result in one or more of the following consequences: (1) Revocation of my practice privileges in the Navy; and (2) Separation from the Navy with recoupment of funds provided by the Navy to sponsor my dental education.

(Printed Name)

Signed By _____ Date: _____

DENTAL SCHOOL PROFICIENCY SHEET

Name: _____
Last First Middle

Dental School Attended: _____

I authorize the release of the information requested below.

Signature of Student Named Above Date

To be completed by dental school official

The information below is requested in support of the above named dental student's application to a Navy AEGD or GPR program. Your input is appreciated.

1. Anticipated Graduation Date: _____

2. GPA through Junior Year: _____

Class rank through Junior Year: _____/_____

If it is the practice of your school not to rank or grade students, please indicate which quartile the student falls into in his/her class; e.g., 1st quartile = 75% - 100%, 2nd quartile 50% - 75%, etc.

3. NBDE I Score: _____
NBDE II Score: _____

4. The student named above _____ IS/_____ IS NOT in good academic and professional standing in his/her studies towards a: _____ DDS/_____ DMD degree.

5. Has the student successfully completed a clinical externship (clinical experience outside of the dental school environment)? _____ YES/_____ NO

If "No" to the above question, will the student attend an externship in the upcoming year?
_____ YES/_____ NO

- [illegible]

Date _____

Signature of School Official _____ Date _____

This form should be completed by a dental school official, e.g., Office of the Dean or Office of the Registrar, who did not fill out an Applicant Appraisal Form. Comments are specifically requested regarding the student's abilities in the areas of community service, leadership, communication, and interpersonal skills, as well as potential for continued learning and growth as a dental healthcare provider after graduation. **Return this form either directly to the Navy in an envelope provided by the student, or to the student in a sealed envelope for return to the Navy by the student to the following:**

1. The following is my evaluation of _____
Student's Name

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Date _____

APPLICANT APPRAISAL

Dear Doctor,

The applicant named below has requested assignment to a Navy AEGD Program or GPR Program. To assist the Selection Committee, evaluations are requested from faculty members who have had personal contact with the applicant during his/her dental school experience. Your response is appreciated.

Please return this form directly to the Navy in a sealed envelope to:

**Navy Dental Corps AEGD/GPR Selection/Assignment Board
c/o Ms. Lydia Sampson
13th Floor, Building 1, Room 13125
8901 Wisconsin Avenue
Bethesda, MD 20889**

Name: _____
Last First Middle

1. Applicant's potential for graduate study in AEGD/GPR.

	Excellent	Above Average	Average	Below Average	Unsatis- factory	Unable to Evaluate
Intellectual Ability						
Character						
Emotional Stability						
Personality						
Dexterity						
Motivation for GDE*						
Personal Appearance						

* Graduate Dental Education

2. Additional Comments:

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4. What is your relationship to the applicant? _____

☐ RECOMMENDED ENTHUSIASTICALLY
☐ RECOMMENDED
☐ RECOMMENDED WITH RESERVATIONS
☐ NOT RECOMMENDED

Signature

Date